

IDENTITY THEFT COMPLAINT FORM
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION AND ANTITRUST BUREAU
33 CAPITOL STREET
CONCORD, NH 03301
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Identity Theft Details

Please answer all questions as completely as possible. Items marked with ** are required.

1. ID theft occurs when someone uses your name or other identifying information for their personal gain. Please check the types of ID theft you were a victim of. (Check as many as apply)

<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Securities or Other Investments
<input type="checkbox"/> Check or Savings Accounts	<input type="checkbox"/> Internet or E-Mail
<input type="checkbox"/> Loans	<input type="checkbox"/> Government Documents or Benefits
<input type="checkbox"/> Phone or Utilities	<input type="checkbox"/> Other

2. Your personal information or identification documents (example: credit cards, birth certificates, driver's license, etc) were: **

☐ Lost
☐ Stolen
On or about

Date

3. When did you notice that you might be a victim of identity theft? **

Date

4. When did the identify theft first occur? (i.e., when was the first account opened?)

Date

5. How many accounts (credit cards, loans, bank accounts, were opened or accessed?

6. How much money, if any, have you had to pay?

\$ _____

7. How much money, if any, did the identify thief obtain?

\$ _____

8. How did the thief obtain the personal information?

9. Did you request a police report from the police department in your town or in the town where the theft occurred? ** ☐ Yes ☐ No
10. Was a police report filed? ** ☐ Yes ☐ No
11. If a police report was NOT filed, please describe what steps you took to report the theft to local police or law enforcement. **

12. Briefly explain the facts of your complaint, including, but not limited to, how the theft occurred, who may be responsible, and what actions you have taken since the theft. You may also describe problems encountered with companies where fraudulent accounts were established or your current accounts were affected. You may attach detail documentation on the next step. We will contact you if we need more specific details. **

Date complaint filed: _____

Your signature

Printed name

Mailing address

City, State, Zip

Home telephone number

Cell phone

E-mail (if checked regularly)